

City of Norfolk Community Themes and Strengths Assessment Report

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Prepared for:

Norfolk Department of Public Health

Contract Number VDH-15-032-0084

April 2016



Norfolk Health District



INTRODUCTION

The Norfolk Department of Public Health (NDPH), in collaboration with community partners, is leading a community health planning process called Mobilizing for Action through Planning and Partnerships (MAPP). The purpose of MAPP is to engage community members and partners in conducting a series of four assessments to identify important issues that they can address collectively. This report focuses on the Community Themes and Strengths Assessment (CTSA), which provides a strong understanding of community issues and concerns, as well as perceptions about quality of life.

PROCESS

The purpose of the CTSA is to answer the questions: "What is important to our community?" and "How is quality of life perceived in our community?" In order to answer these questions, NDPH and community partners launched a community survey from December 2015 to February 2016. The survey was open for three months. It was posted on the City of Norfolk's website in English and Spanish. The City of Norfolk used social media and emergency preparedness emails to encourage residents to participate. Paper copies in both languages were widely circulated. A copy of the survey is included in Appendix A.

The NDPH and the MAPP Community Advisory Board, a committee of community partners guiding the MAPP process, developed a Stakeholder Engagement Plan to guide outreach efforts and ensure that diverse stakeholders across the community participated in the survey. NDPH led survey collection efforts, circulating surveys at clinics, community meetings, Homeless Connect and going door-to-door to ask residents if they would like to participate. Community partners also played a critical role in survey collection efforts. For instance, the Norfolk Redevelopment and Housing Authority shared the survey with all Norfolk residents in public housing. Partners also led small discussion groups related to the survey and circulated it widely via listservs across service providing organizations, churches, Norfolk City Public Schools, grocery stores, Norfolk businesses and civic leagues.

SURVEY PARTICIPANTS

In total, there were 1,944 people who participated in the survey. It included voices from every stakeholder identified in the Stakeholder Engagement Plan. Over 80% of the participants were Norfolk residents; the 20% of participants living outside Norfolk were most likely service providers or community partners who worked in the

WHAT DOES HEALTH MEAN TO YOU?

"Feeling good, watching what I eat, not stressing, getting enough rest, enjoying life."

"Big picture overall wellness: feeling well, body image, energy, great attitude"

"Taking care of your body inside and out. To be healthy."

"Staying active and making healthy food choices most of the time."

"Having all body parts working properly"

"Feeling good, being active, not having to rely on medications, and doing the things I want to do both mentally and physically."

"Health to me means me being coherent and being able to communicate properly"

"Health secures my family's well-being."

City of Norfolk. These stakeholders also had a valuable perspective on the health and quality of life within the city. Detailed analyses of the demographics of survey participants, including comparisons to City of Norfolk demographics, are found in Appendix B.

Overall, survey participants represented diverse cross-sections of the City of Norfolk's population. There was a good representation of adult participants across the age spectrum. Of survey participants, 4.7% identified as Hispanic or Latino. Geographically, there was representation from every ward within the City. The census tract with only a 0.1% response rate is where the naval base is located and has minimal living quarters.

Health means, "Being alive, eating right, exercise, being happy, stress free, free of sickness and diseases."

A few segments of the population were overrepresented among survey participants. Sixty-three percent of survey participants were Black or African American, 27.75% were White. According to the 2014 American Community Survey, 42.6% of the population are Black or African American and 47.8% are White. In addition, approximately 45% of survey participants reported having an income of less than \$20,000 compared to approximately 30% of the population who report having an income less than \$25,000. The Norfolk MAPP Community Advisory Board acknowledged that low-income and black residents were represented in larger proportions among survey participants. This is thought to be an outcome of efforts guided by the Stakeholder Engagement Plan to ensure participation from populations that may be hard to reach or are at higher risk for adverse health outcomes. Outreach efforts included seeking input from areas such as health department clinics serving uninsured and underinsured patients, Homeless Connect, and public housing. Blacks represent a significantly higher proportion of low-income residents. Efforts were also made to ensure participation of populations with lower representation in the survey through activities such as going door to door in predominantly white neighborhoods and census tracts with lower response rates noted in the survey process. Of note, survey responses did not vary significantly among various demographic groups represented.

RESULTS

This section includes key findings from the survey. The survey included three open-ended questions as well as six close-ended questions where participants chose from provided answer options. Quotes from participants have been woven into this report so that the reader can appreciate the richness of participants' responses and to allow participants to share their experience of health in their own words.

Overall, there was a broad recognition from participants that health was about more than disease and illness. Health encompassed physical, emotional, social, and spiritual health. Participants described health as affecting many aspects of their lives – their independence, ability to work and take care of their family, and overall ability to enjoy and take advantage of the life they led. As one participant said,

"[Health means] to be mentally, socially and physically happy and satisfied. To have the opportunity to be as active as you want to be in a community where you feel safe."

Question 1: What does health mean to you?

The first question solicited the longest, most detailed responses and thus the most robust qualitative data. Based on participant responses, fourteen themes were identified. Many participants touched on multiple themes in their responses. Despite the diverse participants, there was a large degree of commonality and agreement in the responses. The fourteen themes are found in Table 1. Additional quotes for each theme can be found in Appendix B as part of a PowerPoint presentation that Toxcel gave to the MAPP Community Advisory Board summarizing the survey results.

Table 1: Community Health Themes – What does health mean?

1. **Overall wellness and well-being (a healthy body, mind and spirit):** *“keeping your mind, body, and soul right.”*
2. **“Everything”** – Nine percent of participants simply said, *“everything”*.
3. **Eating well:** *“Taking care of your temple with the right foods & check ups.”*
4. **Exercising and being active:** *“Staying active and making healthy food choices most of the time.”*
5. **Taking care of yourself mentally and physically:** *“To take good care of yourself & well-being”*
6. **Living free of disease, illness, injury or pain:** *“I’m very up on my health, because I don’t wanna catch anything.”*
7. **Being in good physical shape** (and being able to function as fully as possible): *“being fit in body and mind, be able to move without pain”*
8. **Being mentally fit with a healthy mind:** *“Being emotionally healthy. Get your mind right!”*
9. **Able to work and do things I want to do without being limited by physical or mental ability:** *“It means I can be independent, self-reliant, and physically, mentally functional.”*
10. **Enjoying life, living well, and being happy:** *“Independence. Keeping my job. Enjoying life.”*
11. **Feeling good and having energy:** *“Feeling good every day and trying to make it”*
12. **Living a long life:** *“Taking care of my body to live longer”*
13. **Able to take care of my family:** *“My health means that I can live long and well for my family.”*
14. **Cleanliness: personal hygiene, as well as clean homes, neighborhoods and workplaces:** *“Clean, affordable, safe and healthy living”*

Question 2: I think that I could be healthier if I...

The second question was also an open-ended question. Participants' responses tended to be shorter and more concise. Overwhelmingly, participants responded that they could be healthier if they ate healthier foods and exercised more. Participants reported that they could be healthier if they:

- Eat healthier foods. In particular, participants mentioned consuming less soda, fried foods, and snacks as well as more fruits, vegetables, and water. [N=820, 42% of participants]
- Exercise more and be more active. Participants most frequently mentioned the gym or walking. [N=714, 37% of participants]
- Increased my access to healthy foods or places to be active. Participants frequently mentioned cost of healthy foods and gym memberships, but they also talked about access to places to buy healthy foods, having safer and more walkable neighborhoods, having workplace policies that provided more opportunity for exercise during the day, and better connected trails and greenspaces. [N=118, 6% of participants]
- Quit smoking. Participants mentioned the need to stop smoking. [N=110, 6% of participants]
- Managed stress and increased my life balance. Participants frequently mentioned a desire to have less stress, the need to manage stress and create more time for themselves and their families, and having a better work life balance. [N=90, 5% of participants]
- Lost weight. Participants specifically mentioned the need to lose weight. [N=76, 4% of participants]
- Went to the doctor and took care of my health. Participants talked about the need to be more proactive with their preventive care and in managing their health needs. Participants mentioned the need to go to routine check-ups with their doctor or dentist as well as the need to work on pain and disease management. [N=71, 4% of participants]
- Had better access to care. Participants mentioned not being able to afford or access health insurance, not being able to get to doctors' appointments, and not being able to find a doctor to take care of their needs. [N=63, 3% of participants]

Question 3: What is keeping you from improving your health and quality of life?

The third question was the final open-ended response question. Participants listed several challenges that kept them from being healthy that ranged from individual barriers such as motivation as well as external factors such as a lack of flexibility in the workplace or lack of access to care.

- Nothing: Nothing was generally written as a single, one-word response. [N=300, 15% of participants]
- Time: Participants' responses included a need to prioritize other obligations related to school, work or their families over improving their personal health. They also reported being too busy and lacking work/life balance. [N=280, 14% of participants]
- Personal Motivation: Participants talked about lacking the motivation to begin improving their health, their own laziness and lack of willpower, and a lack of intentionality. [N=202, 10% of participants]

- **Money:** Many participants talked about financial instability and cited the expenses involved in eating healthy foods, going to the doctor or paying for medications, and joining the gym. [N=179, 9% of participants]
- **Job:** Participants talked about the challenges during their working day that made it difficult for them to integrate healthy practices into their daily routine. They specifically mentioned the lack of flexibility during the day, long hours, too much stress and the physical conditions of their work place. [N=160, 8% of participants]
- **Lack of access to care:** Participants cited not having quality doctors who would take Medicare, not being able to get to their doctors, and not being able to afford insurance. [N=67, 3% of participants]

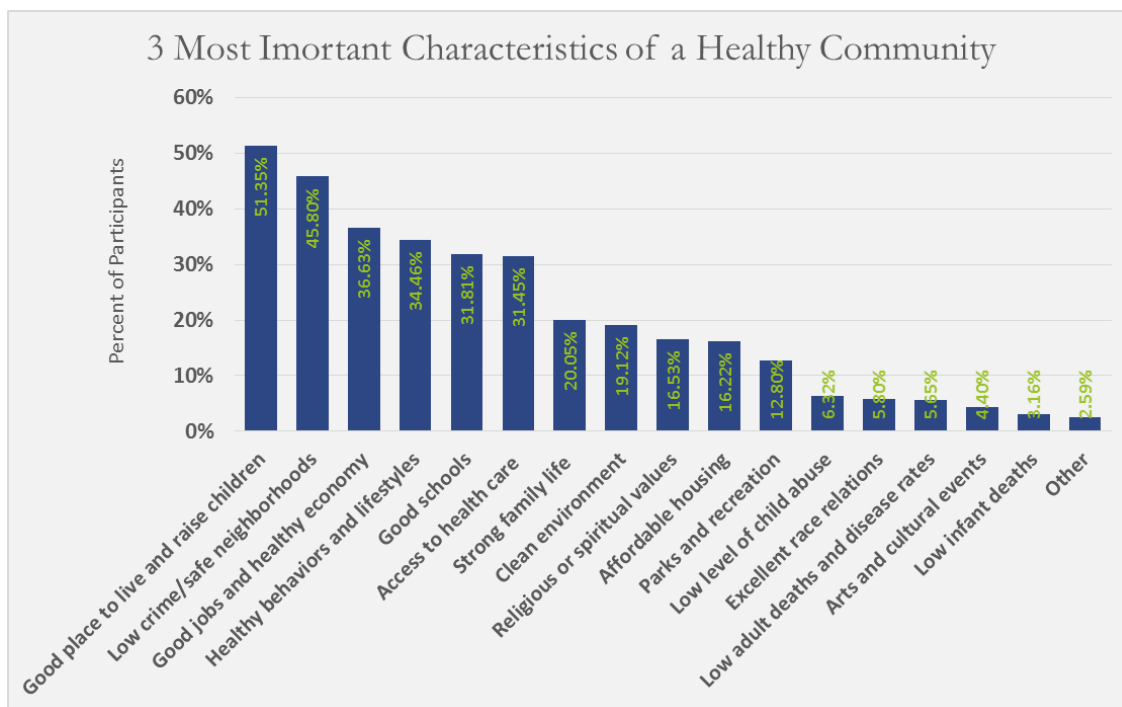
Additional issues participants raised include smoking, drinking and using other drugs, stress, having other health issues, walkability, access to trails and greenways, access to places to buy healthy foods, lack of support, lack of information, depression, lack of energy, crime and feeling unsafe, lack of mobility, and being homeless.

Question 4: What do you think are the 3 most important characteristics of a “healthy community”?

The graph (Figure 1) below shows the percentage of participants who selected each of the options as one of the three most important characteristics of a health community.

The three characteristics that participants selected the most were Good Place to Live and Raise Children (51.35%), Low Crime/Safe Neighborhoods (45.80%) and Good Jobs and Healthy Economy (36.63%). These were followed closely by Healthy Behaviors and Lifestyles (34.46%), Good Schools (31.81%) and Access to Health Care (31.45%).

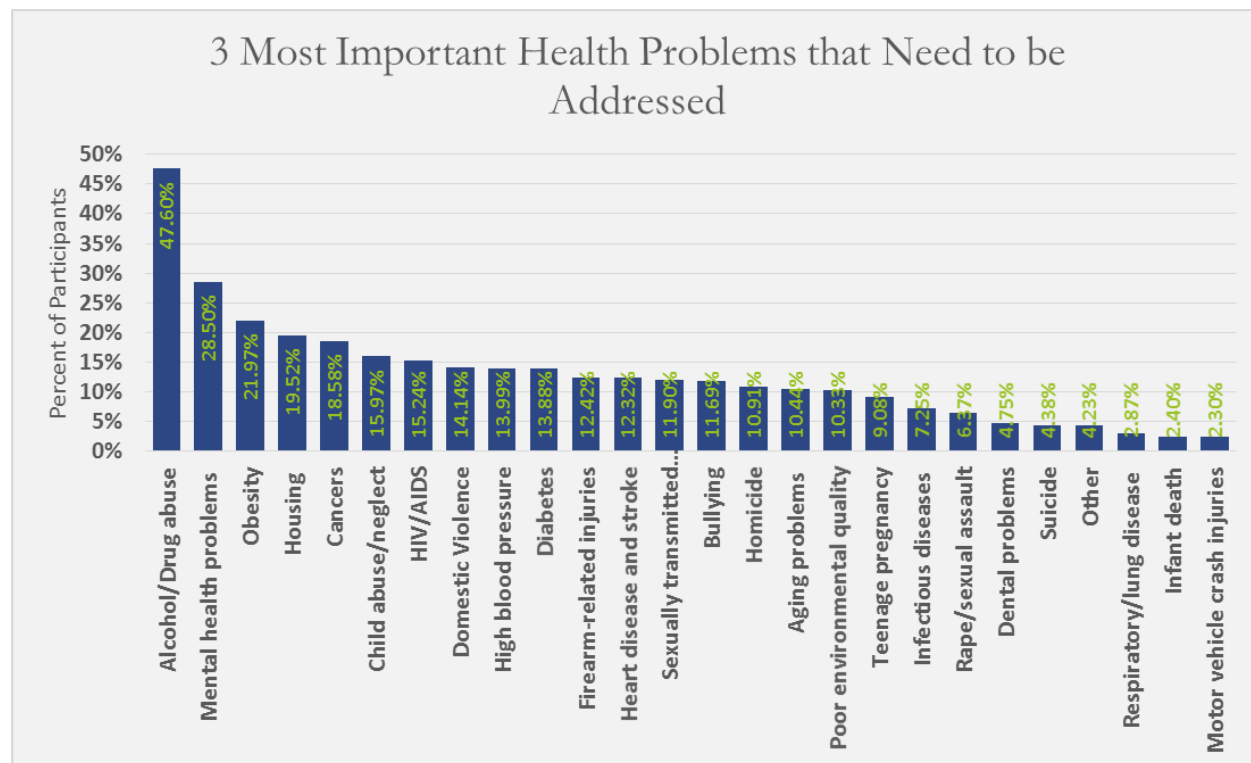
Figure 1: Characteristics of a Healthy Community



Question 5: What do you think are the 3 most important “health problems” that must be addressed to improve health and quality of life in our community?

In Question 5, participants were given a list of different health problems and were asked to select the three most important health problems that needed to be addressed to improve health and quality of life in the Norfolk community. Figure 2 shows the percentage of participants who selected each of the options provided. The three characteristics that participants selected the most were Alcohol/Drug Abuse (47.60%), Mental Health Problems (28.50%) and Obesity (21.97%).

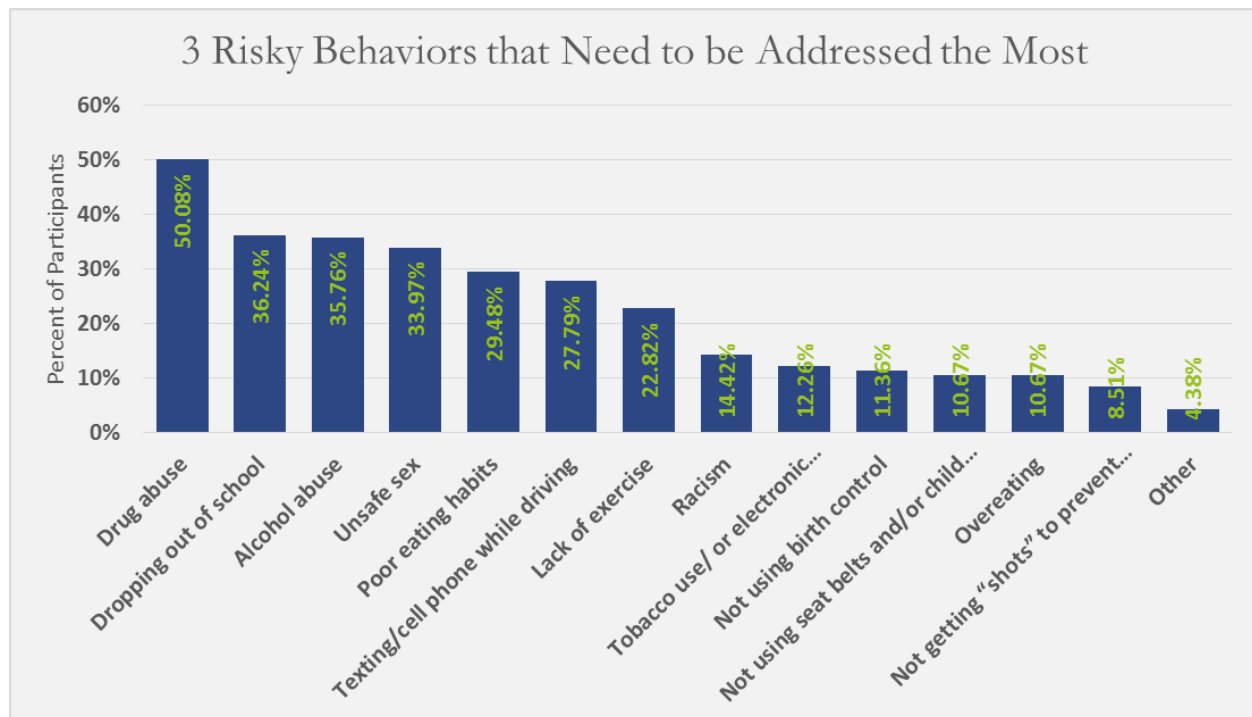
Figure 2: Health Problems that Need to be Addressed



Question 6. What do you think are the 3 “risky behaviors” that need to be addressed the most in our community?

In Question 6, participants were given a list of risky behaviors and were asked to select the three risky behaviors that most needed to be addressed. Figure 3 shows the percentage of participants who selected each of the options. The three characteristics that participants selected the most were Drug Abuse (16.24%), Dropping out of School (11.75%) and Alcohol Abuse (11.60%). These were followed closely by Unsafe Sex (11.01%).

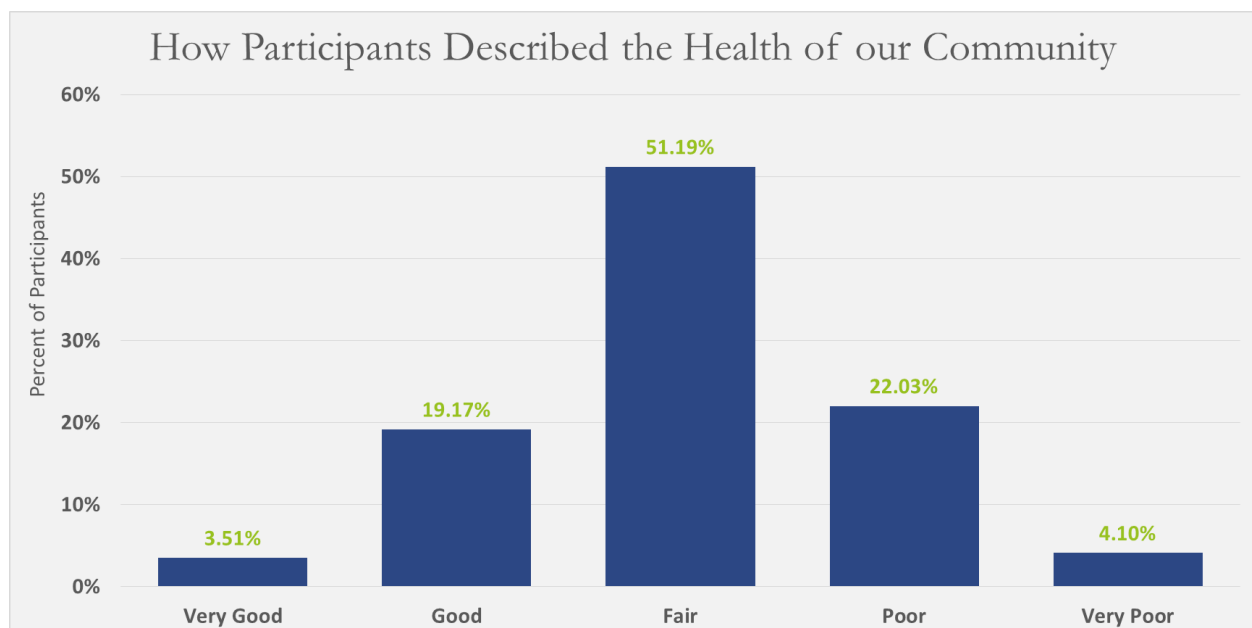
Figure 3: Risky Behaviors that Need to be Addressed



Question 7. Please select the option that best describes the health of our community.

In Question 7, participants were asked to describe the health of their community as very good, good, fair, poor or very poor. The majority (51.19%) of survey participants rated the health of the Norfolk community as "Fair".

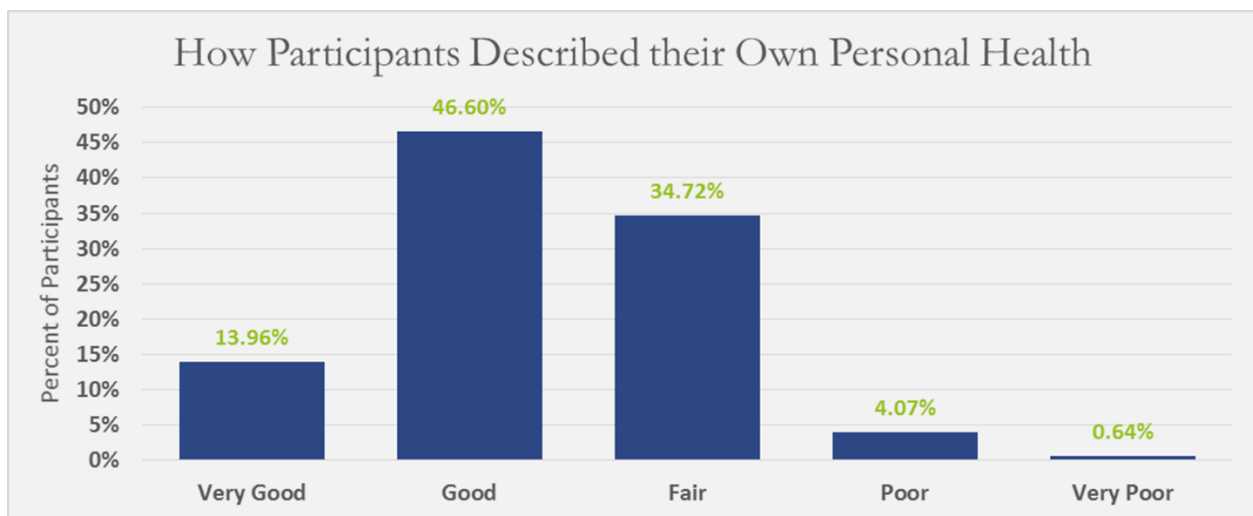
Figure 4: Participants' Perception of Community Health



8. Please select the option that best describes your own personal health.

Question 8 asked participants to reflect on their own health and rate it from very good to very poor. The graph in Figure 6 illustrates their responses. The majority of participants (60.56%) rated their own health as either very good or good. Participants tended to rate their own personal health higher than they rated the health of the community. One potential reason for this could be that when participants were thinking about the health of the community, they could have been considering many of the factors that were listed in previous questions, such as access to healthcare, job quality, housing, etc. Whereas when they were rating their own personal health, they may have been thinking more in terms of whether they were physically, mentally, and emotionally healthy.

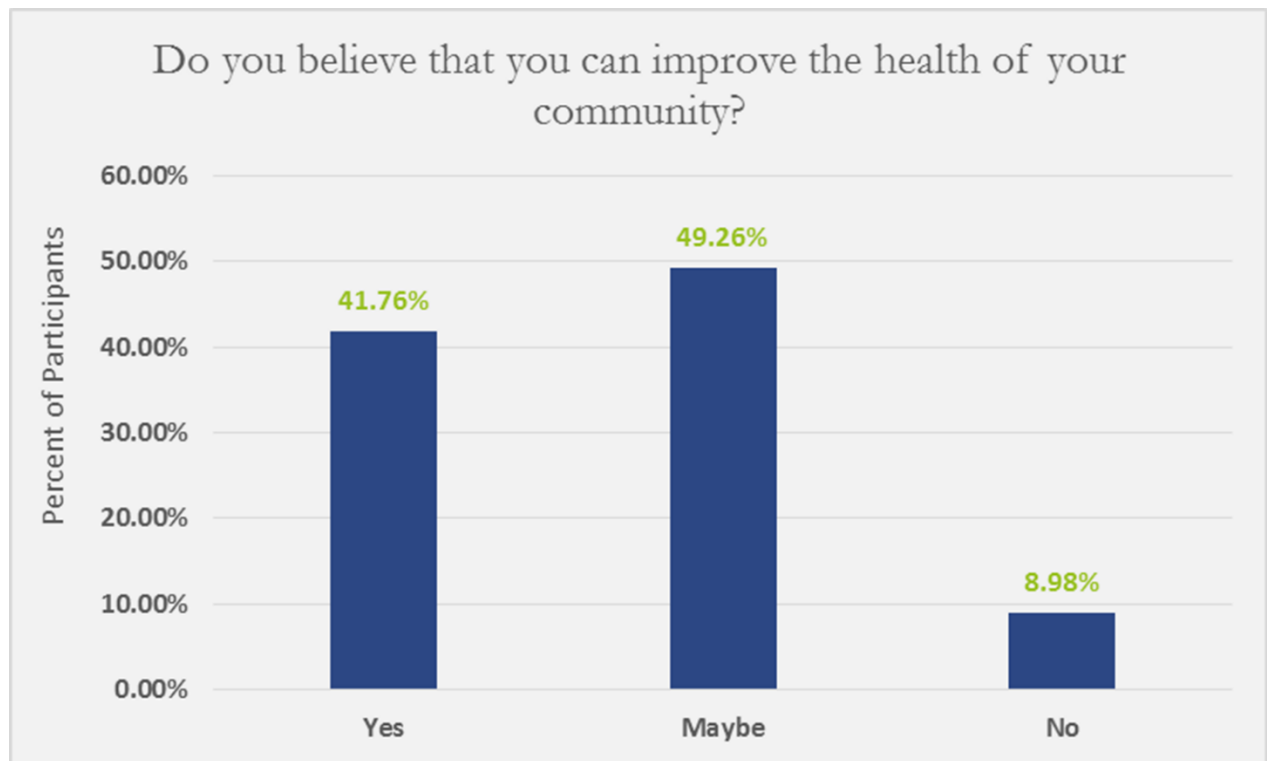
Figure 6: Participants Perception of Personal Health



Question 9. Do you believe that you can help improve the health of our community?

The final survey question asked participants if they believed they could improve the health of the community. Participants' responses were split between yes and maybe. These responses are illustrated in Figure 7 on the following page. The high number of "maybes" and low number of "nos" could be because participants responded "maybe" if they are unsure of how they could help or make a difference. Participants may feel like they could potentially make a difference, but that they cannot do it on their own (i.e. the community would have to work together) or that they need help in understanding how they could improve the community's health.

Figure 7: Participants Belief in Their Capacity to Improve Community Health



CONCLUSION

The purpose of this assessment is to explore how the community defines health and quality of life, as well as to understand what issues the community feels need to be addressed in order to improve individual and collective health.

Overwhelmingly, survey participants had a broad vision of what health means. Health goes beyond disease and illness. Health is “everything” and includes physical, mental, emotional, and spiritual health. From a personal standpoint, participants particularly focused on the need to eat better and be more active. They referenced a number of barriers that prevented them from being healthy including a lack of personal motivation, lack of money, inflexibility in their jobs, as well as more systemic barriers such as a lack of access to care, lack of access to healthy food, and not being able to walk because they felt unsafe in their neighborhoods.

When it came to identifying areas to address to improve community health, participants focused on drug and alcohol abuse, mental health, education and unsafe sex as well as healthy lifestyle issues like obesity and poor eating habits. This is most likely a reflection of what they see happening in their community, which they recognize affects their lives, the lives of their family and their health.

While participants rated their health as better than that of their community’s health, it is encouraging that such a high number of participants thought they could improve the health of their community or that they might be able to do so. It signifies both a recognition that Norfolk’s health may not be as healthy as it could be, and that there is more that could be done, as a community, to improve it.

Please take a minute to complete the survey below. The purpose of this survey is to better understand your views on community health in Norfolk. The Norfolk Community Advisory Board will use the results of this survey and other information to identify the most pressing issues to be addressed together as a city.

1. What does health mean to you?
2. I think that I could be healthier if...
3. What is keeping you from improving your health and quality of life?

4. What do you think are the 3 most important characteristics of a “healthy community”?

- | | |
|---|---|
| <input type="checkbox"/> Good place to live and raise children | <input type="checkbox"/> Good jobs and healthy economy |
| <input type="checkbox"/> Low crime/safe neighborhoods | <input type="checkbox"/> Strong family life |
| <input type="checkbox"/> Low level of child abuse | <input type="checkbox"/> Healthy behaviors and lifestyles |
| <input type="checkbox"/> Good schools | <input type="checkbox"/> Low adult deaths and disease rates |
| <input type="checkbox"/> Access to health care (e.g., family doctor, AHC) | <input type="checkbox"/> Low infant deaths |
| <input type="checkbox"/> Parks and recreation | <input type="checkbox"/> Religious or spiritual values |
| <input type="checkbox"/> Clean environment | <input type="checkbox"/> Excellent race relations |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Other _____ |

5. What do you think are the 3 most important “health problems” that must be addressed to improve health and quality of life in our community?

- | | |
|--|--|
| <input type="checkbox"/> Aging problems (e.g., arthritis, hearing/vision loss) | <input type="checkbox"/> Infant death |
| <input type="checkbox"/> Alcohol/Drug abuse | <input type="checkbox"/> Infectious diseases (e.g., hepatitis, TB) |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Mental health problems (e.g., depression, PTSD, trauma) |
| <input type="checkbox"/> Cancers | <input type="checkbox"/> Motor vehicle crash injuries |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Rape/sexual assault |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Respiratory/lung disease (e.g., asthma, emphysema) |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Sexually transmitted diseases (e.g., syphilis, herpes) |
| <input type="checkbox"/> Firearm-related injuries | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Homicide |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Poor environmental quality (e.g., water contamination) |
| <input type="checkbox"/> Housing (adequate, accessible, safe & affordable) | <input type="checkbox"/> Other _____ |

6. What do you think are the **3 “risky behaviors” that need to be addressed the most** in our community?

- | | |
|---|---|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Texting/cell phone while driving |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Tobacco use/ or electronic cigarette use |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Not using birth control |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Not using seat belts and/or child safety seats |
| <input type="checkbox"/> Overeating | <input type="checkbox"/> Unsafe sex |
| <input type="checkbox"/> Poor eating habits | <input type="checkbox"/> Racism |
| <input type="checkbox"/> Not getting “shots” to prevent disease | <input type="checkbox"/> Other _____ |

7. Please select the option that best describes the health of our community.

- ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Very Poor

8. Please select the option that best describes your own personal health.

- ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Very Poor

9. Do you believe that you can help improve the health of our community?

- ☐ Yes ☐ Maybe ☐ No

Please provide the following information. It will be used for demographic purposes only.

10. Zip Code:

11. Are you Hispanic or Latino? ☐ Yes ☐ No

12. Your Age: 13. Marital Status: 14. How do you describe yourself? (check one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Under 18 years | <input type="checkbox"/> Married | <input type="checkbox"/> Male |
| <input type="checkbox"/> 18-25 years | <input type="checkbox"/> Living together | <input type="checkbox"/> Female |
| <input type="checkbox"/> 26-39 years | <input type="checkbox"/> Divorced | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> 40-54 years | <input type="checkbox"/> Never married | <input type="checkbox"/> Do not identify as female, male, or transgender |
| <input type="checkbox"/> 55-64 years | <input type="checkbox"/> Separated | |
| <input type="checkbox"/> 65-80 years | <input type="checkbox"/> Widowed | |
| <input type="checkbox"/> Over 80 years | <input type="checkbox"/> Other: | |

15. Which groups represent your race? (check all that are applicable)

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Other: _____ |

16. Household Income:

- | | |
|---|---|
| <input type="checkbox"/> Less than \$20,000 | <input type="checkbox"/> \$20,000 to \$29,000 |
| <input type="checkbox"/> \$30,000 to \$49,000 | <input type="checkbox"/> \$50,000 to \$74,000 |
| <input type="checkbox"/> \$75,000 to \$99,999 | <input type="checkbox"/> Over \$100,000 |

17. How did you find out about this survey? _____

Would you like to receive updates about the survey results and our effort to improve health in Norfolk?
Would you like to be involved in this effort? If yes, please provide your email address or phone number.

Email:

Phone:

Thank you very much for your response! Please return completed surveys as directed. If you would like more information about this community project, please contact Nancy Cisco of Norfolk Department of Health. Email: Nancy.Cisco@vdh.virginia.gov Phone: 757.683.2737